

VOLUNTEER APPLICATION



ALL QUESTIONS CONTAINED IN THIS APPLICATION ARE STRICTLY CONFIDENTIAL
AND WILL BE REVIEWED BY SELECTED ORGANIZATION LEADERS ONLY.

Campus Preferred: _____

Campus Assigned: _____

Q.U.E.E.N.S. Volunteer

Princess Volunteer

Name <i>(Last, First, M.I.):</i>		Phone ☎:	
Address:		Email ✉:	
Birthdate:		Name to address you by:	

REFERENCES

List the names of any other organizations to which you have volunteered:	List names and telephone numbers of 2 references:
1.	1.
2.	2.
3.	

Do we have your approval to contact your references and inquire about your time volunteering with the organization? **Yes** **No**

Authorization for Criminal Background Check

The safety of kids is a priority in Princess to Q.U.E.E.N.S. In an effort to protect kids, Princess to Q.U.E.E.N.S. wants to be as thorough as possible in its screening procedures.

Princess to Q.U.E.E.N.S. has contracted an external company to instantly search national criminal and sex offender databases as well as perform social security traces and county court background checks.

Please provide and verify the following required information:

Legal Name: _____ **Date of Birth:** _____

Princess to Q.U.E.E.N.S., requires, as a condition of volunteering, and/or continued volunteering that all applicants consent to and authorize a verification of the information submitted on their application. **Please read this statement carefully.**

This release and authorization acknowledges that Princess to Q.U.E.E.N.S., may now, or at any time while I am volunteering, conduct a verification of my volunteer history, criminal background and motor vehicle records including accident history. In addition Princess to Q.U.E.E.N.S. may require that I provide a urine specimen to be tested for the presence of drugs or alcohol, and may request and receive any record of criminal history or other relevant information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency, and /or other information as deemed necessary to work with children.

I have read and understand this release and consent and authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide all requested information. I release from all liability all persons, schools, current and former employers, and other organizations and agencies supplying such information. I agree that any copy of this document is as valid as the original.

I authorize Credential Check, and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representatives of **Princess to Q.U.E.E.N.S.** I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of volunteering is true and complete to the best of my knowledge. I understand that if I volunteer, any false statements will be considered as cause for possible dismissal.

You must indicate your authorization.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CERTIFICATION/CONSENT FOR A CRIMINAL BACKGROUND CHECK AND THE WAIVER AND RELEASE AND THAT I ACCEPT AND COMPLETE THIS FORM VOLUNTARILY. _____

Signature: _____ Date: _____

Are you a Christian Yes No Have you worked with children Yes No How long ago? _____

What ages? _____ Have you taught children from the Bible? Yes No

In what capacity? _____

What does being a Christian mean to you?

What church do you attend? _____ If yes, how often do you attend? _____

Have you been a mentor to a child/children? Yes No

If yes, when, what ages? _____

How often do you read your Bible? _____

Why do you want to volunteer for Princess to Q.U.E.E.N.S.?

Volunteer Signature and Acceptance to Participate

Further, by signing below, I hereby give permission to Princess to Q.U.E.E.N.S. Organization, its designees and Nicole Webster, to use my name and photographic or video likeness in any company-approved forms, printed business or marketing tools, website, media and/or social media for advertising, trade, and any other lawful purposes. I understand that no compensation will be given for the use of such. I also understand that all materials I create, edit, develop, design or collaborate on and view are confidential and the property of Princess to Q.U.E.E.N.S, Queens Uniquely Educated and Equipped with Never-failing Success and Nicole Webster and I have no rights to them. I will be given credit for any involvement that I have in production.

Volunteer Signature: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Date: _____

List any allergies, food or otherwise:

(For authorized use only)

Volunteer Start Date: _____ Volunteer Training Completion Date: _____

List Keys or Access Passes Given: _____ Date Given: _____

Volunteer End Date: _____ Date Returned: _____